

PREPARED BY AND RETURN TO:
TAYLOR, JONES, ALEXANDER & SORRELL, LTD.
ATTORNEYS AT LAW, P. O. BOX 188
SOUTHAVEN, MS 38671
(662) 342-1300

STAT MS - DESOTO CO.
FILED

OCT 6 10 20 AM '99

BK 360 PG 542
WARRANTY DEED

SAMUEL KEITH McMINN, HEATHER NICOLE McMINN,
SAMUEL CHRISTOPHER McMINN and JULIA McMINN
GRANTOR(S)

WARRANTY

TO

DEED

AARON McEWEN and wife,
STEPHANIE McEWEN
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, We, SAMUEL KEITH McMINN, HEATHER NICOLE McMINN, SAMUEL CHRISTOPHER McMINN and JULIA McMINN do hereby sell, convey, and warrant unto AARON McEWEN and wife, STEPHANIE McEWEN as tenants by the entirety with the full rights of survivorship and not as tenants in common the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

lot 437, Section "B", SOUTHAVEN SUBDIVISION,
located in Section 23, Township 1 South, Range 8
West, City of Southaven, DeSoto County, Mississippi
as per plat recorded in Plat Book 2, Pages 14 through
16 in the Chancery Clerk's Office of DeSoto County,
Mississippi.

BY WAY OF EXPLANATION: The above property is the same property conveyed to Richard L. McMinn and Audrey O. McMinn by Warranty Deed of record in Book 148, Page 389, in the Chancery Clerk's Office of DeSoto County, Mississippi. Samuel Keith McMinn executes this instrument as Administrator, C.T.A. of the Estate of Richard L. McMinn, Sr. by Order filed August 2, 1999 in the Chancery Clerk's Office of DeSoto County, Mississippi, Cause No. 99-2-238. Audrey O. McMinn, predeceased Richard L. McMinn, Sr. on or about September 11, 1998. Heather Nicole McMinn and Samuel Christopher McMinn and Julia McMinn execute this instrument conveying their interest in the above described property as sole surviving heirs of Richard L. McMinn, Jr. who passed away on or about February 24, 1999. Samuel Keith McMinn and Richard L. McMinn, Jr. were the sole heirs of Richard L. McMinn, Sr.

The warranty in this deed is subject to subdivision restrictions, building lines and easements, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for City of Southaven and for DeSoto County, Mississippi.

Taxes for the year 1999 have been prorated as of this date based on the previous year and are to be paid by the Grantees.

Possession is to be given on delivery of this Warranty Deed.

WITNESS our signature(s), this the 4th day of October, 1999.

Samuel Keith McMinn
SAMUEL KEITH McMINN

Heather Nicole McMinn
HEATHER NICOLE McMINN

Samuel Christopher McMinn
SAMUEL CHRISTOPHER McMINN

Julia McMinn
JULIA McMINN

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named SAMUEL KEITH McMINN, HEATHER NICOLE McMINN, SAMUEL CHRISTOPHER McMINN and JULIA McMINN who acknowledged that they signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as their free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 4th day of October, 1999.

Marilyn J. Crabb
Notary Public

My commission expires: 9-7-2003

PROPERTY ADDRESS: 1472 BENNINGTON DR., SOUTHAVEN, MS 38671

Grantors Address:

7085 Country Oaks Dr.
Southaven, MS 38671

Res# 601-349-6283

Bus# 601-343-7466

Grantees Address:

1472 Bennington Dr.
Southaven, Ms. 38671

Res# 662-280-1149

Bus# 662-393-5273
662-393-9300

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0360PG0544

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Richard L. McMinn, Jr.				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 24, 1999																									
4. SOCIAL SECURITY NUMBER (of Decedent) 416-66-5718		5a. AGE-LAST BIRTHDAY (Years) 51		5b. UNDER 1 YEAR MOS DAYS 		5c. UNDER 1 DAY HOURS MIN 		6. DATE OF BIRTH (Month, Day, Year) August 13, 1947		7. BIRTHPLACE (City and State or Foreign Country) Sardis, Mississippi																					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> EFW/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)				9b. CITY, TOWN, OR LOCATION OF DEATH Memphis				9c. COUNTY OF DEATH Shelby																			
9b. FACILITY NAME (If not institution, give street and number) St. Francis Hospital				10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married				11. SURVIVING SPOUSE (If wife, give maiden name) Julia Smith				12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner				12b. KIND OF BUSINESS/INDUSTRY McMinn & Son Plumbing Co.															
13a. RESIDENCE-STATE Mississippi				13b. COUNTY DeSoto				13c. CITY, TOWN OR LOCATION Southaven				13d. STREET AND NUMBER OR RURAL LOCATION 7546 Pine Knot Point																			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [] Yes [X] No				15. RACE-American Indian, Black, White, etc. (Specify) White				16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1																			
17. FATHER'S NAME (First, Middle, Last) Richard L. McMinn, Sr.				18. MOTHER'S NAME (First, Middle, Maiden Surname) Audrey Monez Oglesby				19a. INFORMANT'S NAME (Type/Print) Sammy McMinn				19b. RELATIONSHIP TO DECEASED Brother				19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7546 Pine Knot Point Southaven, MS 38671															
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Twin Oaks Memorial Gardens				20c. LOCATION-City or Town, State Southaven, Mississippi				21a. SIGNATURE OF FUNERAL DIRECTOR <i>Begina H. Peebles</i>				21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS-0789				21c. SIGNATURE OF EMBALMER <i>Begina H. Peebles</i>				21d. LICENSE NUMBER OF EMBALMER FS-0789							
22a. NAME AND ADDRESS OF FUNERAL HOME Twin Oaks Funeral Home 290 Goodman Road East Southaven, MS 38671				22b. LICENSE NUMBER OF FUNERAL HOME 429				23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i> Deputy				24. DATE FILED (Month, Day, Year) MAR 11 1999				25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>B. Ken Dempsey</i>				25b. LICENSE NUMBER MD 6894				25c. DATE SIGNED (Month, Day, Year) 3 2 99							
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER				26c. DATE SIGNED (Month, Day, Year)				27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Ken B. Dempsey 6005 Park Avenue Suite 920, Memphis, TN 38119				28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. cardiac arrest DUE TO (OR AS A CONSEQUENCE OF): b. acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF): c. arteriosclerotic heart disease DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death															
28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. arteriosclerotic peripheral vascular disease				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide				31a. DATE OF INJURY (Month, Day, Year)				31b. TIME OF INJURY M				31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)																											

NAME OF DECEDENT:
For use by physician or institution

PHYSICIAN OR MEDICAL EXAMINER EX-
CUTING CERTIFICATE
JUST COMPLETE AND
IGN MEDICAL CERTI-
FICATION WITHIN 48
HOURS.

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

1270015 A BUREAU OF INVESTIGATION REPORT OF THE UNITED STATES DEPARTMENT OF JUSTICE
THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE REPORT AND THAT
THE INFORMATION WAS RECEIVED BY THE BUREAU OF INVESTIGATION FROM THE SOURCE.

SEAL

MAR 18 1963

Date Recd

by Glenn D. Felt
Glenn D. Felt, Captain
Vice Research Section